APPLICATION COVER SHEET

Submit 1 Original and 4 Copies

Applicant:					
		nry Name)			
(Libra		ary Director)			
	(Nam	Name of Individual who prepared application, if different)			
(Maili		ing Address of Library)		(Post Office Box Number)	
(City)			(State)	(Zip)	
Tax I		D #:	email:		
Diagon about 1	ha fallawing	arent request estagaries fo	r which was are apply	ing Vou mou request great	
funds in multip		grant request categories fo es	r wnich you are apply	ing. You may request grant	
Category 1		Assistance in writing a three year technology plan			
	\$	Amount Requested			
Category 2		Assistance in writing a financial plan to support public access computing			
		Assistance in planning, designing and implementing		enting a network	
	\$	Amount Requested			
Category 3		Contract with a vendor for on-call technical support			
		Contract with a vendor fo plan	assistance in implementing your technology		
	\$	Amount Requested			
Category 4		Technical support for configuring patron authentication for libraries to provide the technology necessary for the Overdrive Audiobook Program.			
	\$600	Amount Requested	booodary for the Over	arive / taglescok i regiam.	
		-			
TOTAL GRANT AMOUNT REQUESTED: \$ Grant Maximum \$1000 GRANT ABSTRACT (100 words or less)					
GRANI ABST	RACT (100 W	oras or iess)			
(Library Director's Signature)			(Date)		
((= 5)		
(Preparer's Signature, if different)			(Date)		